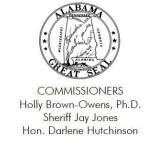


Claim Number:

## ALABAMA CRIME VICTIMS COMPENSATION COMMISSION



P.O. Box 231267 Montgomery, AL 36123-1267

## **Law Enforcement Information Form**

This information is confidential and will not be released by ACVCC unless subpoenaed by a Grand Jury.

Victim:	
	Date Crime was Reported://
Case Number	; Alleged Offender
Synopsis of Criminal Event:	
Did the victim cooperate with law enforcement?  Yes No, why not?	
Did the victim contribute?	Yes, how?
	by the victim, which directly or indirectly, produced the victim's action may include, but is not limited to, provocation, drug use, by the victim.
Investigating Officer:	ID#
Email address:	
Report Prepared By:	
Signature:	Date:/
Print Name:	